PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISS FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885



				OI <u>Fax</u>	(37)	1)-213-2003			-GENT		
appropriate. All further	form should be used correspondence including delow or directed of tions.	ng the F	Patent, advance or	ders and notification	ເດf m	naintenance fees v	vill he :	mailed to the current	correspondence	address as	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
WASHINGTON	N, DC 20037						1.0		(Dep	ositor's name)	
										(Signature)	
										(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN	ITOR ATTOR			RNEY DOCKET NO.	CONFIRMATION NO.		
10/716,399 11/20/2003			Takashi Abe				Q78502	9162	9162		
TITLE OF INVENTION	I: RACK										
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO \$1400			\$300	\$0 \$1700 				08/21/2007		
EXAMINER			ART UNIT	CLASS-SUBCLASS				NATINE SOSSELLO IS	1400.00 OF	ì	
PHAM, LAM P			2612	340-635000		01 FC:15 02 FC:15			300.00 OF		
 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				(1) the names of u or agents OR, alter (2) the name of a sregistered attorney 2 registered patent	the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is ad, no name will be printed.						
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGNEC CORPORE		ified bel oletion o	low, no assignee of this form is NOT	data will appear on t f a substitute for filing (B) RESIDENCE: (C	he pargan a	tent. If an assign ssignment. and STATE OR C	COUNT n	RY)			
riease check the appropr	tate assignee category or	categor	ies (will not be pri	inted on the patent):	<u> </u>	Individual 💆 Co	orporation	on or other private gro	up entity \(\simeg\) Go	overnment	
As. The following fee(s) are submitted: 4b. Pavment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is attached for the NOA Fees payment. Please Charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.											
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	s. See 3	7 CFR 1.27.	☐ b. Applicant is no	long	er claiming SMAI	LL ENT	TITY status. See 37 CF	R 1.27(g)(2).		
NOTE: The Issue Fee an nterest as shown by the i	d Publication Fee (if requestords of the United Sta	iired) w tes Patei	ill not be accepted nt and Trademark	from anyone other the Office.	han th	e applicant; a regi	stered a	ttomey or agent; or the	e assignee or oth	er party in	
Authorized Signature		_				Date					
Typed or printed name			rnstein			Registration N		25, 665		_	
aominanz die combietet	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur	USPIL	i ime wiii varv	aenenaina iinon the i	เทศเบเ	MIIAL CASE ANV CO	mments	on the amount of time	e von reamire to	complete	

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.